

Livewell Southwest

**Searching of Property or Person Policy  
Incorporating Police Drug Detection Dogs**

Version No 1:4

**Notice to staff using a paper copy of this guidance.**

**The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

**Author: Modern Matrons / MHA Manager**

**Asset Number: 485**

## Reader Information

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#### Document Review History

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1	Minor amends	Nov 2010	PRG	Ratified.
1:1	Review	Dec 2012	PRG	Review date extended, no other changes made.
1:2	Review	Jul 2013	Modern Matron Recovery Services	Reviewed to include changes across service and those under 18 years of age.
1:3	Amendment	Jun 2014	Modern Matron and Ward Manager Harford	Addition of information that relates to search procedures and illicit substances in in-patient services. Flow charts and information Appended.
1.4	Amendment	Dec 2015	Corporate Risk & Security Advisor Modern Matron Recovery	Addition to information relating to the use of Police Drug Detection Dog searches Review of Code of Practice revision and update of content

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# Searching of Property or Person Policy Incorporating Police Drug Detection Dogs

## 1. Introduction

- 1.1 The authority to conduct a search of a person or their property is controlled by law therefore it is important that hospital staff are aware of whether they have legal authority to carry out any such search.
- 1.2 The Mental Health Act Code of Practice (8.29) (MHA CoP) states that “Hospital Managers should ensure there is an operational policy on searching patients detained under the Mental Health Act and their visitors. This policy is compatible with the MHA CoP and applies to the searching of all in-patients regardless of whether they are detained, informal or an inpatient on a general ward. There is specific guidance in paragraph 15 which must be followed regarding the searching of patients under the age of 18.
- 1.3 The intention of a search is to create and maintain a therapeutic and safe environment for patients, staff and visitors and to ensure the security of the premises. Searches are an essential and justifiable component for safe practices.
- 1.4 In some mental health units, routine and random searches of detained patients may occur without cause and if necessary without the patient’s consent, but only in exceptional circumstances. For example, such searches may be necessary if the patients detained in a particular unit tend to have dangerous or violent propensities, which create a self-evident pressing need for additional security. The conducting of a search must be proportionate to the risk identified.
- 1.5 When property, a person or a room is checked on admission or when an individual returns from leave this is not classed as a search which requires the completion of an incident form unless, an item is found or there is an incident relating to the search.
- 1.6 When an item is found on the patient which is a potential weapon to themselves or others consideration should be given to adding a warning screen to SystemOne.
- 1.7 Patients, staff and visitors should be informed that the organisation has a policy relating to the searching of property or person.
- 1.8 Information regarding drug testing and search procedures, and that this may include the use of Police drug detection dogs, in order to maintain safe environments, is supported by information on Appendix C and Appendix F. This is displayed in care settings for service users, staff and visitors to see.

## 2. Purpose

- 2.1 The purpose of this policy and procedure is to provide staff with a process of the activities which must be carried out when conducting a search of property or person. By following this policy and procedure, staff will ensure that all searches are lawful and are conducted appropriately.

- 2.2 This policy also provides guidance on aspects to consider which will ensure all searches are undertaken respectfully and with due regard to a person's dignity.
- 2.3 The appendix to this policy provides the specific activities which must be followed by staff when undertaking a search of a person or their property in their ward or unit. (Appendix A).

### 3. Duties

- 3.1 The **Chief Executive** has overall accountability for the implementation of this policy and procedure.

**Directors** will ensure compliance with this policy throughout their areas of responsibility.

Locality Managers and Deputy Locality Managers will support and enable Operational Managers to fulfil their responsibilities and ensure the effective implementation of this policy.

**Matrons** will ensure that all areas of their responsibilities are aware of this policy and procedure and for informing their ward/unit managers of the need to comply with this policy when conducting searches. **Matrons** will also be responsible for reviewing this policy when their managers identify areas of concerns relating to its practice.

Line managers will ensure that in areas of work where search procedures may be routine practice staff will be familiar with the Searching of Property or Person as part of Induction Processes.

**All Staff** who conduct a search of either a patient or visitor are responsible for following this policy and procedure including the completion of related records.

**The Risk Management Team** is responsible for identifying incidents that require further investigation and informing the appropriate matron of their concerns that the policy or procedure has not been followed.

**The Police** are responsible for the removal of illicit substances or dangerous weapons.

- 3.2 All staff must have an awareness of their responsibilities in relation to safeguarding of adults and children. Where concerns are identified regarding the welfare of adults and children the appropriate Safeguarding Policies must be complied with and the appropriate action taken. (Safeguarding Adult Policy and Safeguarding Children Policy).
- 3.3 All staff working with detained patients have a duty to be aware of and follow the guidance contained in the Mental Health Act 1983 Code of Practice (MHA CoP). Chapter 8 *Privacy, dignity and safety* is of particular relevance regarding this policy.

## 4. Definitions

4.1	A&E	Accident & Emergency
	MDT	Multi Disciplinary Team
	MHA	Mental Health Act 1983
	MHA CoP	Mental Health Act Code of Practice 2008
	LSW	Livewell Southwest

## 5. Aims

- 5.1 To create and maintain a therapeutic and environment for treatment to take place and to ensure the security of the premises and the safety of all patients, staff and visitors.
- 5.2 To give clarity to staff regarding what constitutes a room and a personal search.
- 5.3 To ensure that individual patients involved in any form of a search are treated with respect and their dignity is maintained throughout the process.
- 5.4 To ensure that all Livewell Southwest's clinical staff operate within the scope of their relevant codes of conduct and the Mental Health Act 1983 Code of Practice.
- 5.5 The authority to conduct a search of a person or their property is controlled by law and it is important that hospital staff are aware of whether they have legal Authority to carry out any such search.

## 6. Authority to Search

- 6.1 To ensure that there is no breach of Article 8 of the European Convention of Human Rights "*Right to Respect for Private and Family Life*", all searches must be proportionate to the level of risk posed by the patient population, to maintain a safe and therapeutic environment.
- 6.2 When staff have reason to believe that an item has been stolen or misappropriated this may also be a justifiable reason to search individuals or their belongings to find the missing item.
- 6.3 If staff have reasonable belief that a patient is in possession of dangerous items such as weapons and tools or drugs and alcohol, staff have the authority under common law and by duty of care to take reasonable measures to prevent them from possessing these items. This is regardless of whether they are detained under the Mental Health Act or not. A search to obtain the item may constitute a reasonable preventative measure against harm to the individual or others.
- 6.4 Where a patient physically resists being personally searched, physical intervention should normally only proceed on the basis of a multi-disciplinary assessment, unless it is urgently required.
- 6.5 When it is deemed necessary to use physical intervention in order to obtain the dangerous item or illicit substance the approved safe practices for physical

intervention must be adhered to. A post-incident review must follow every search undertaken where physical intervention is used and consent has been withheld.

- 6.6 Support is to be made available for patients and staff who are affected by the process of searching. This may be particularly necessary where a personal search has had to proceed without consent or has involved physical intervention.
- 6.7 Dependent on the object which is found the police may need to be advised of the result of the search. This must be decided by the nurse in charge or the unit/ward manager.

Consideration must always be given to involving the police prior to any search for weapons or illicit substance if there is a risk of harm to the patient, or others, including staff.

- 6.8 At no stage should a member of staff put their own safety at risk. Where significant safety concerns exist, the nurse in charge of the ward/unit should discuss the matter (including the need for police involvement) with the duty senior nurse/clinical nurse specialist/senior nurse on call. If it is suspected that a staff member will be deliberately injured during a personal search, it must not be carried out. Observation guidelines should be applied and police involvement waited.
- 6.9 If a patient wishes to make a formal complaint or an allegation following a search taking place the appropriate policy must be followed to include Compliment, concerns and complaints policy and Allegations made against staff in respect to young children and young people policy.

## **7 If the item is handed over prior to a search:**

- The patient will be seen by a member of staff to discuss the incident.
- The patient's Consultant will be informed at the earliest opportunity.
- An incident form will be completed and a warning screen on SystemOne considered.
- A new risk assessment will be completed if a new risk has been identified.
- A decision to inform the police of the item/substance found will be made by the nurse in charge or ward/unit manager.
- A record made in the patient's notes detailing what was handed over and what happen to the item.

## **8 Actions to be followed when conducting all personal or belongings searches**

- 8.1 Once it has been decided to go ahead with a personal or belonging's search the following guidance must be followed by all staff:

- The nurse in charge of the ward will give a final opportunity for the patient to hand the item(s) over to them. Consent of the person will always be sought before a personal search or a search of their possessions is attempted.
- Whether the patient consents or refuses, the search must be recorded in their health records.
- Whether consent is given or not, the search should be carried out with regard to the dignity of the individual and the need to ensure maximum privacy. Consent obtained by means of a threat, intimidation or inducement is likely to render the search illegal. (See Appendix A).
- The patient should be kept separated from other patients and under close observation, whilst being informed of what is happening and why, in terms appropriate to their understanding.
- Searches should not be delayed if there is reason to believe that the person is in possession of anything that may pose an immediate risk to their own safety or that of anyone else.
- A patient being searched or whose possessions are the subject of a search should be kept informed of what is happening and why. If they do not understand or are not fluent in English, the services of an interpreter should be sought, if practicable. The specific needs of people with impaired hearing or a learning disability, and those of children and young people must be considered.

## **9 Room Search**

- The nurse in charge of the ward will give a final opportunity for the client to hand the item(s) over to them.
- The nurse in charge of the ward will explain to the client what will happen next.
- The patient's verbal consent or refusal to the room search (in the presence of two staff) must be recorded in the patient's records with the reasons why the search is being undertaken.
- The patient's verbal consent to be in attendance or not must be recorded in the patient's records.
- The search will be completed by two members of staff, preferably one of the same sex as the patient, in consultation with the nurse in charge.
- When belongings are searched, the staff member must wear any personal protective equipment provided (to prevent needle-stick injury and dangerous substances coming into contact with the skin). The contents of bags etc. should be carefully emptied out onto a table, to allow improved visibility of sharp items.
- All items in the room will be replaced as originally found, except any contraband

items, drugs or alcohol, which will be removed and disposed of.

- The outcome of the room search will be conveyed to the relevant clinical team who will decide if further action is necessary.
- Where a patient's belongings are removed with the view of returning them later, the patient should be given a receipt for them and told where the items will be stored and when they can receive them.
- In the event of a search needing to be carried out on the Neuro Rehabilitation Units and Local Care Centre Rehabilitation Units at Mount Gould, the Out of Hours Co-ordinator is to be informed prior to the search taking place.
- In the event of a young person needing to be searched in the Child and Adolescent Mental Health Services (CAMHS) during the hours of 0900hrs to 1700hrs Monday to Friday, permission should be sought from the consultant or senior nurse on the unit. Out of these hours the On Call Manager should be contacted.

## **10 Person Search**

- Opportunity should be given to the patient to produce any hidden items voluntarily. The patient's verbal consent (in the presence of two staff) should be recorded in the daily record.
- A personal search should be carried out by a member of the same sex, unless necessity dictates otherwise. The search should be carried out in a way that maintains the person's privacy and dignity and respects issues of gender, culture and faith. There must be a minimum of two staff present during the search at all times.
- The patient's risk assessment will determine the extent of the search undertaken i.e. Removal of socks and shoes. This may include a pat down of layers of clothing, a request to empty their pockets, an examination of tobacco and use of a metal detector if available.
- The level of intrusiveness of any personal search undertaken must be reasonable and proportionate to the reason for the search (See Appendix A).
- Care plans should demonstrate the need for undertaking frequent searches i.e. the extent of the search on return from leave.
- The staff member carrying out the search should, where possible, give the patient the opportunity to change into other clothing to allow their clothing to be searched.
- If the person is under 16 years of age, refer to section 15.

## 11 Intrusive Body Search

- If an intrusive body search is required a discussion must take place with the patient's consultant. This should determine the risks and/or benefits of proceeding with this type of search.
- If an intrusive search is decided to be necessary due to the immediate risk to the patient's own health this must be carried out by staff at A&E who are trained to carry out this type of search. If a patient needs to be transferred to A&E for an intimate search the following process must be followed:
- The nurse in charge must telephone ahead (tel: 39919) and advise the Senior Doctor of the reason for conducting the search, and the urgency of the search.
- Patients will be prioritised at A&E according to clinical risk; therefore it may be necessary to arrange an appropriate escort to accompany the patient.
- If the person is under 16 years of age, refer to section 16.5.
- Where there is concerns of risk to others i.e. a dangerous weapon may be concealed the police are to be notified 999.

## 12 Use of Police Drug Detection Dogs

- 12.1 The Police may request that a drug detection dog search be undertaken on or within LSW occupied premises providing there is "reasonable suspicion", where the risk to any person is serious and only under the authority of Section 18 of the Police & Criminal Evidence Act 1984 (PACE), as amended by Section 12 and Schedule 1 of the Criminal Justice Act 2003. Section 32 (PACE), as amended by the Criminal Justice & Public Order Act 1994, any powers within a Magistrates Court warrant (i.e. a Magistrate is satisfied that the search is proportional and lawful) and any future legislation which gives the Police new search powers. Exceptions to this guideline would be extremely rare, as would the actual warrant based requests.
- 12.2 In addition, LSW may request Police involvement in searches with drug detection dogs shall only be taken with the authority of the Deputy Locality Manager/Matron, following a written risk assessment (which must involve guidance from a drugs search dog handler) undertaken by the ward / unit manager or nominated Deputy For the purposes of this policy a Nominated Deputy can be a Registered Nurse of Band 5 or above.
- 12.3 Specifically trained and managed Police dogs can be brought into LSW occupied premises on a regular basis to search for illicit substances. This is undertaken as a way of detecting hidden substances in order to prevent them being used by people on the ward / unit.
- 12.4 Dog searches can be undertaken in any property that is occupied by LSW staff and on a random basis.

- 12.5 Where it is decided to use drug detection dogs on wards/units, the type of operation must be considered; either passive or active searches can be carried out.
- 12.6 Passive use of Police drug detection dogs would involve keeping the dog at the entrance of the ward / unit checking those who enter or exit the ward / unit.
- 12.7 Active searches would involve the dog being taken around the ward / unit / grounds actively seeking for illicit substances. Dog searches will only be undertaken of the environment and not of individuals.
- 12.8 There should be no pre-announcement of the search; however, signs and notices should be displayed stating that Police drug detection dogs may be used in the ward / unit / grounds.
- 12.9 Precise information about the time and date of an intended search shall remain confidential.
- 12.10 Prior agreement should be reached between LSW and the Police as to whether those attending should be in uniform or not.
- 12.11 Dogs will only be used when the ward / unit manager or a nominated Deputy is present.
- 12.12 If an active search is to be carried out then service users and visitors should be invited to congregate in a communal area.
- 12.13 Information about illicit drug use should be collected, before any search, to provide the Police with the evidence for “reasonable suspicion” before the search.
- 12.14 Before the search occurs, the Police should be provided with relevant details of any service user(s) whom the Police need to be particularly sensitive to as they undertake the search (i.e. service user(s) who have a fear or particular dislike of the Police or dogs).
- 12.15 Staff should ensure that service users / visitors are supported throughout the process. Any individuals who are afraid of dogs do not need to remain in the area.
- 12.16 Any illicit substances found will be removed by the Police.
- 12.17 The Police will make decisions regarding any prosecutions that are considered in accordance with national guidelines.
- 12.17 On the day of the search, the ward / unit manager/nominated Deputy should ensure that there are adequate staff arrangements in place to contain service user(s) disturbance that may ensue because of the search.
- 12.17 The ward / unit manager/nominated Deputy is responsible for ensuring, each search undertaken by a Police dog handler will be documented in the search

register and an incident form is completed.

### **13 Patients who lack capacity**

13.1 Patients who lack capacity to consent to a personal search, or a search of their belongings may be searched if it is in his/her best interests, and it is in the interests of his/her safety and security, and it is necessary to ensure a safe therapeutic environment for patients and staff. A decision to search an informal/general inpatient that lacks capacity should be reached following discussion with the patient's consultant and relevant clinical team unless, there is an immediate risk. Record keeping of the patient's capacity assessment and the discussion with the patient is to be recorded in the daily records.

### **14 Patients detained under the Mental Health Act**

14.1 If practicable, when it is necessary to search a detained patient or their possessions without their consent their responsible clinician (or, failing that, another senior clinician with knowledge of the patient's case) should be contacted, so that any clinical objection to searching by force may be raised.

14.2 If a search is considered necessary, despite the patient's objections, and when there is no clinical objection to one being conducted, the search may be carried out. If force has to be used, it should be the minimum force necessary. The rationale for the search must be documented in the patient's records.

14.3 The Court of Appeal has held, "the exercise of discipline and control, in respect of detained patients includes, where necessary a power to search patients with or without cause and despite individual objection."

### **15 Informal/General patients who have capacity but refuse to be searched**

15.1 In the case of an informal or general patient with capacity who refuses to participate in a personal search or a search of their belongings a decision must be reached by the clinical team regarding the patient's discharge. Where there is suspicion that the individual has a weapon or illicit substances the police must be informed of the suspicions prior to the discharge so that a search under police powers may be arranged.

15.2 If the patient refusing to be searched was receiving treatment in a mental health unit and they demonstrate their intention to leave hospital, consideration must be given to the use of the Mental Health Act, not because the person refuses a search but because they may need to be assessed and further detained. Once a patient is detained the patient may be searched without their consent, however staff will endeavour to gain co-operation prior to the search. Refusing to consent to a search will not in itself form grounds to seek detention under the Mental Health Act

15.3 A patient on a general ward refusing to be searched or hand over the weapon/substance will be asked to leave. The police will then be contacted and

told of the risk of the item/substance the individual is intent on keeping.

## **16 Searching young people under the age of 18**

16.1 The following information is related to the searching of young people, with particular reference to them harbouring/concealing harmful material, illicit substances or alcohol to themselves or others, and that this may include the use of Police drug detection dogs.

16.2 This is clearly a very difficult and sensitive issue for staff and young people. It is important that staff search young people sensitively and bear in mind how the effect of a search may affect the young person's stay whilst in hospital. With this in mind, staff should act in the following way:

- Prior to any body searching, staff should be concerned that the article concealed is potentially very dangerous to the young person or others physical wellbeing.
- Person searches of young people should be a last resort after **ALL** other options have been explored to persuade the young person to surrender the harmful material, illicit substances or alcohol which are being harboured/concealed. This includes continuous obtrusive observations.

16.3 Prior to any body search, during the hours of 0900hrs to 1700hrs Monday to Friday, permission should be sought from the consultant or senior nurse on the unit. Out of these hours the senior nurse/mental health practitioner on call should be contacted.

16.4 Where a young person is under 16 years of age and detained on the unit by parental consent their parents must be contacted where practicable. The search procedure and the reasons for the search are to be explained and parental consent sought and documented. If parents refuse to consent to the search the matter must be discussed with the consultant and /or the senior nurse. Even where a parents consent is given the young person must still be given the opportunity to co-operate with the search and involved in the discussions.

16.5 When making decisions in relation to the care and treatment of children and young people, practitioners should keep the following points in mind:

- the best interests of the child or young person must always be a significant consideration
- everyone who works with children has a responsibility for keeping them safe and to take prompt action if welfare needs or safeguarding concerns are identified
- children and young people should always be kept as fully informed as possible and should receive clear and detailed information concerning their care and treatment, explained in a way they can understand and in a format that is appropriate to their age
- children and young people have as much right to expect their dignity to be respected as anyone else, and

- children and young people have as much right to privacy and confidentiality as anyone else.

16.6 The same principles of confidentiality apply if a child who is competent, or a young person who has capacity, to make a decision regarding the information does not wish their parent (or others with parental responsibility) to be involved in decision-making about their care and treatment. Their decision should be respected unless the disclosure can be justified; for example, if there is cause to suspect that the child or young person is suffering or is likely to suffer, serious harm. Practitioners should encourage the child or young person to involve their parents (unless it is considered that to do so would not be the best interests of the child or young person). They should also be proactive in discussing with the child or young person the consequences of their parent(s) not being involved.

## **17 Record Keeping**

17.1 In all cases whether a child or an adult, the following procedure must be followed by the nurse in charge:

- Patient's verbal consent or refusal to be searched is to be clearly recorded in the patient's records.
- Incident report form to be completed giving details of any items found and how they were disposed of.
- Details of incident and interview with the patient to be recorded in patient's records.
- A receipt must be issued to the patient if an item is removed to safe storage.
- The nurse in charge will make a decision as to the level of observation the patient will require and record in nursing notes.
- Patient's care plan to be amended accordingly.
- A new risk assessment will be completed if a new risk has been identified.

## **18 Action to take if it is suspected a visitor to the unit has in their possession a dangerous weapon, drugs, New Psycho-active Substances or alcohol**

- The nurse in charge will discuss their suspicions with the person concerned, explaining which items are prohibited and why, requesting they are handed over.
- If they deny having anything on them or refuse to have their baggage searched, the nurse in charge will inform the individual that a refusal to consent to a search may result in refusal to the unit/ward. If entry into the unit/ward is refused, the relevant patient is to be given an explanation as to why access to the unit was denied.

- In the case of illicit drugs being found refer to they will be stored in the honesty box and the police will be notified. Any other items deemed unsuitable to bring into the building will be removed and retained until the visitor leaves. A receipt is to be issued with the person's name and details of the confiscated item.
- Incident Form to be completed by the lead individual.
- The Consultant of the patient is to be informed and a decision made as to whether or not the person concerned will be permitted to visit the unit in the future and whether the visit needs to be supervised.
- Inform the visitor of the complaint's procedure should they wish to make a complaint.
- Discuss with the relevant clinical team the management plan for future visits.
- The LSW's policy - Policy and Procedure for Dealing with Suspected Illegal Drugs or Substances brought onto LSW premises by a patient or Visitor provides additional information regarding the procedure to follow if illegal drugs or substances are found, and that this may include the use of Police drug detection dogs. See Appendix B.

## **19 Disposal of dangerous weapons, drugs or alcohol**

### **19.1 Alcohol removed from the patient**

At Lee Mill all alcohol will be poured down the sink by two staff members with the patient in attendance, if they so wish. A record is to be made in the patient's records as to what was disposed of and by whom.

For other units the nurse confiscating the alcohol will need to decide whether the item is to be returned. Items that are in sealed bottles or cans can be stored in a locked cupboard, a receipt given and then returned when the patient is discharged.

### **19.2 Prescribed medication**

Refer to section 16 of Safe and Secure Handling of Medication Policy and Procedure.

### **19.3 Disposal of illicit substances**

Refer to section 25-of Safe and Secure handling of Medication Policy and Procedure.

### **19.4 Management of a Positive Illicit Substance Screen**

Refer to Flow chart (Appendix D) for guidance following best practice and multi-disciplinary team review following a search being undertaken.

Appendix E describes the process of promoting privacy and dignity, safe practice

and infection control measures when obtaining specimen sample following search procedures being carried out.

### **19.5 Weapons**

Small sharps can be disposed of in the ward's/unit's sharps bins. The police must be notified of any items such as guns, hunting knives or other items that staff are unsure of. Staff will need to keep these items in a secure area until the police can collect. An entry will be made in the patient's records as to what was removed and how it was disposed of, when and by whom.

19.6 Under no circumstances will weapons or other dangerous items be stored and returned. Nor will anyone be compensated for the loss of such items. The patient must be informed of this.

## **20 Training**

20.1 Staff will be made aware of the Searching of Property or Person Policy Incorporating Police Drug Detection Dogs as part of Induction.

20.2 Staff will be provided with local training appropriate to work environment and role as to how to undertake a search as outlined in Appendix A.

## **21 Monitoring Compliance and Effectiveness**

21.1 The monitoring of compliance with this document will be via:

- The Manager's review of Incident Review forms who will via the ward/unit manager ensure that an audit of the related paperwork is conducted on every occasion a search has occurred. This will be via the cross checking of related incident forms against the daily records of the patient. If relevant the Drug Disposal Register will also be cross checked against the other records.
- The "Drug Disposal Register" will provide a register for checking that any illicit substances removed from a patient or visitor has been disposed of in accordance with this policy.
- On each occasion a complaint is investigated relating to a search the aforementioned records will be audited against this policy for compliance.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Operations

Date: 20<sup>th</sup> April 2016

## **Personal and Property Search**

- The patient will be taken to a private area on the unit.
- The patient will be asked to remove any jacket or pullover.
- The patient will be asked to empty all pockets and remove all jewellery.
- The patient will be asked to remove their shoes and socks.
- The patient will be asked to put their head forward and run their hands through their hair.
- The patient will be asked to show the nurse behind each ear and inside their mouth.
- The patient will be asked to face the second nurse with their legs shoulder-width apart and arms stretched out to the side, palms facing down to the floor.
- Beginning with the shoulder area, the patient's arms will be checked, followed by their back, down the sides of their body, down to their ankle. This should be done by patting firmly.
- The patient will then be asked to raise each foot to the back for checking.
- The process is repeated at the front.
- Check rolled up trousers.
- Check tobacco products.
- Check wallet or purse.
- Check mobile phone.

## Policy and Procedure for Dealing with Suspected Illegal Drugs or Substances brought onto LSW premises by a Patient or Visitor

### 1 Scope

- 1.1 The substances covered by this procedure includes the drugs from Classes A, B and C of the Misuse of Drugs Act 1971 (see section 2) when in the possession of a person without a legal prescription having been issued or a licence for possession held.
- 1.2 Drugs prescribed for patients that are no longer required (patient returns) are specifically excluded from this procedure (see section 5.12)
- 1.3 This procedure applies to patients and visitors. Any suspicion that a member of staff is in possession of, using or supplying an illegal substance should be reported in accordance with the LSW's Policy "Substance Misuse – Drug and Alcohol Employment Policy"

### 2 Definitions

- 2.1 **Misuse of Drugs Act 1971 (as amended):** An Act to make provision with respect to dangerous or otherwise harmful drugs and related matters and for purposes connected therewith. The primary purpose of the Act is to prevent the misuse of **Controlled Drugs**
- 2.2 **Misuse of Drugs Regulations 2001 (as amended):** Permits the use of Controlled Drugs in medicine. Drugs are classified in five schedules according to different levels of control (see section 5.12 of the Safe & Secure Handling of Medicines Guidelines). The schedules do not correspond to those used in the 1971 Act.
- 2.3 **Controlled Drugs:** Any drug specified in Part I,II, or III of schedule 2 to the Misuse of Drugs Act 1971. Drugs commonly used for "social or recreational purposes" are listed in Appendix A, subdivided into Classes A, B or C.
- 2.4 **Lawful Possession of Controlled Drugs:** Unless it is a medicinal product supplied on a legal prescription, possession is unlawful. Exceptions allow certain groups of people to have lawful possession, providing they are acting in the lawful execution of their duty:
  - Those with a Home Office licence (e.g. for research)
  - Police Officers, Customs and Excise Officers, Forensic Science laboratory personnel, Post Office employees
  - Medical / Nursing / Pharmacy staff, for the purpose of preventing a crime taking place and delivering it into the custody of a person lawfully entitled to take custody of it.
- 2.5 **Honesty Box:** A strong metal cabinet with a slot in the top of the door allowing packages to be deposited but not removed. It must be securely fixed to the

structure of the building, in a restricted area such as a ward manager's office or clinic room. The Police will advise on positioning and security, and will hold the keys to the cabinet.

- 2.6 Illicit: For the purposes of this policy illicit substances include all substances in which persons are not lawfully permitted to be in possession including controlled drugs, prescription only medicines not prescribed for the individual and the New Psychoactive Substances purchased or otherwise obtained.

### **3 Aims and Objectives**

- 3.1 To ensure that members of staff are aware of their responsibilities to deal safely and legally with substances thought to be illegal when brought onto LSW's premises by patients or visitors.
- 3.2 Reduce the likelihood that LSW premises could be used for the supply, possession or use of illegal drugs
- 3.3 To ensure that the best possible care is provided to a patient found to be in possession of an illegal substance and that patient confidentiality is maintained so far as is reasonably possible.
- 3.4 To protect the welfare of other patients and provide a safe and therapeutic setting for the provision of care.
- 3.5 To protect staff e.g. from needlestick injury from hidden syringe, or from potential assaults by aggressive patients / visitors under the influence of illegal substances
- 3.6 In the case of contact with the police, there should normally be no identification of the source in order to maintain patient confidentiality.

### **4 Responsibilities**

- 4.1 **LSW Board, through the Provider Governance Committee** has the corporate responsibility to ensure the implementation of the policy.
- 4.2 **Pharmacy Manager (Provider Services)** has the responsibility to draft the policy, consult with all relevant parties (including the Accountable Officer) and present to the Provider Governance Committee for ratification. Once ratified, the Pharmacy Manager is responsible for regular review of the policy.
- 4.3 **Complaints and Litigation Manager** is available to advise on all legal aspects relating to this policy and procedure.
- 4.4 **Local Security Management Specialist (LSMS)** is responsible for advising on security in relation to this policy and procedure.
- 4.5 **The Police** are responsible for:

- Advising on positioning and security of Honesty Boxes and holding the keys for all such boxes.
- Responding promptly when informed that there are items in an Honesty Box for removal.
- Removing such items for destruction and signing the relevant paperwork.
- Responding promptly in cases where the patient refuses to relinquish any suspected illicit substances, or to other incidents related to this policy at the request of a nurse in charge of a ward or department (see section 5.2).
- Reporting any concerns concerning illicit substance misuse within the LSW to the Accountable Officer.

**4.6 The nurse in charge (or Manager) of ward or department** is responsible for:

- Ensuring that all staff within their area of responsibility are aware of, understand and comply strictly with this policy and procedure, and understand the legal implications of failing to do so.
- Ensuring that the confiscation of suspected illegal substances from a patient is clearly recorded on the patient's medical notes and that an 'Illegal Drugs for Destruction' form is completed.
- To inform the police at the earliest opportunity (usually within 24 hours) when a suspected illegal substance has been placed in the Honesty Box.
- To deal with any incidents where a patient or visitor thought to be in possession of an illegal substance refuses to co-operate with the staff on the ward or department.
- To inform the Complaints and Litigation Manager when a patient thought to be in possession of an illegal substance refuses to relinquish it.

**4.7 Staff on ward or department** are responsible for adhering to this policy and procedure at all times.

## **5 Procedure for inpatient units**

### **5.1 Suspicion of Illegal Drugs being used**

- 5.1.1 There should be good cause for suspicion e.g. the smell of the drug; information given by other patients, visitors or staff; or substances seen in the patient's possession.
- 5.1.2 Any suspicion must be reported to the nurse in charge of the ward or unit at the earliest opportunity.
- 5.1.3 Unless the patient is present **and has given permission**, and the procedure is witnessed by another member of staff, it is illegal to search a patient or his/her

property. This may be construed as an infringement of the patient's rights (and their confidentiality, including their right to privacy). A search of a person without that person's permission could lead to the searcher being charged with assault.

**5.1.4 This does not preclude nursing and medical staff from searching a patient in order to establish the possible causes of their medical condition e.g. on admission, so that appropriate treatment may be administered, in accordance with standard clinical practice.**

5.1.5 The patient should be advised that Livewell Southwest has a policy in accordance with the Misuse of Drugs Act 1971 of not allowing drugs to be used or held unlawfully on LSW premises. Great care needs to be taken when discussing this with a patient so as not to be seen as accusing them of possessing/using a substance. The patient should be advised that it could be very dangerous to be taking drugs brought in without the knowledge of staff as it may affect his/her treatment by interacting dangerously with prescribed drugs.

5.1.6 The reasons for the suspicion and the advice given to the patient should be documented in the patient's clinical record.

5.1.7 The patient, if appropriate, should be offered the opportunity to discuss the issue with senior clinical staff and/or be offered a referral to Drug Rehabilitation Service.

5.1.8 The patient should be clearly advised that if drugs are subsequently found the procedure detailed at paragraph 5.2 below may be instigated.

5.1.9 Where it is reported that a person is suspected of being in possession of or using a controlled drug outside buildings but on LSW premises the nurse in charge should proceed as detailed above in paragraphs 5.1.3 – 5.1.8. The individual is to be challenged, may not be searched and if the individual refuses to hand over the suspected illegal substance or refuses to stop using the illegal substance is to be escorted off the premises and warned that the police may be called if the individual refuses to co-operate.

5.1.10 The nurse in charge must complete an Incident Form in consultation with ward/department staff.

**5.2 Knowledge of Illegal Drug Use / Found on a Patient or Visitor**

5.2.1 The nurse in charge should attempt to remove the substance from the patient and place in a sealed plastic bag.

5.2.2 The "Drug Disposal Register" form must be completed and signed by two nurses, one of whom must be the nurse in charge. This number on the form must be annotated onto the bag as a cross reference.

5.2.3 The plastic bag containing the substance must be placed in the Honesty Box immediately, taking care to ensure it is not retrievable except by unlocking the door of the box.

- 5.2.4 The Police should be informed as soon as possible (and certainly within 24 hours) that there is a package for them to collect from the Honesty Box. Contact the Drug Liaison Officer(# 01752 720478 ). That officer will arrange for the box to be emptied. Two keys are required to do this and the Police have both keys.
- 5.2.5 The police will take the top (white) copy of the 'Drugs Disposal Register' form when the Honesty Box is emptied, and the pink copy will be retained by the ward or unit in a secure area e.g. clinic room. The Register should be retained for a minimum of two years.
- 5.2.6 If the patient / visitor refuse to relinquish the substance then he/she must be advised that a suspected offence is being committed and that the Police will be called and his/her identity may be disclosed.
- 5.2.7 If the patient / visitor still refuse to hand over the substance, the Police must be called and two members of staff should remain with the patient until the Police arrive.
- 5.2.8 LSW staff are NOT to exercise force in removing the item from the patient as there is a risk of incurring injury. The Police should be called in all cases where the patient is unwilling to hand over the item voluntarily.
- 5.2.9 In cases where the Police have been called in, the Police must be asked to accept responsibility for the item and any subsequent action. Staff should be aware that they may be asked to make a witness statement to the Police in order to maintain the continuity of evidence.
- 5.2.10 Except where there is considered to be a risk of injury to LSW staff, actions to ensure removal of a suspected illegal substance from a patient should not be allowed to delay or otherwise adversely affect essential treatment.
- 5.2.11 Under no circumstances** should an 'illegal substance' be returned to a patient by a member of staff on discharge, as the member of staff may then be guilty of unlawful supply of a Controlled Drug. The penalties for this type of offence are high, and often involve a custodial sentence.
- 5.2.12 It is possible that a patient may demand return of the 'substance' on discharge. In such a scenario, the nurse discharging the patient should persuade the patient to leave without the 'substance'. If the patient refuses the nurse in charge must be informed, who should then call the Police.

## Class A, B and C drugs

The different kinds of illegal drugs are divided into three different categories, or classes. These classes (A, B and C) carry different levels of penalty for possession and dealing.

### Penalties for possession and dealing

		Possession:	Dealing:
<b>Class A</b>	Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms, amphetamines (if prepared for injection).	Up to seven years in prison or an unlimited fine or both.	Up to life in prison or an unlimited fine or both.
<b>Class B</b>	Amphetamines, Cannabis, Methylphenidate (Ritalin), Pholcodine.	Up to five years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.
<b>Class C</b>	Tranquilisers, some painkillers, Gamma hydroxybutyrate (GHB), Ketamine.	Up to two years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.

All of the drugs on the list above - whether Class A, B or C - are designated as controlled substances under the Misuse of Drugs Act 1971, and using them is illegal.

Class A drugs are considered to be the most likely to cause harm.

The Misuse of Drugs Act states that it is an offence to:

- possess a controlled substance unlawfully
- possess a controlled substance with intent to supply it
- supply or offer to supply a controlled drug (even if it is given away for free)
- allow a house, flat or office to be used by people taking drugs

Drug trafficking attracts serious punishment, including life imprisonment for Class A offences.

## Cannabis

Cannabis was reclassified from Class C to Class B in January 2009.

### Penalties for supply, dealing, production and trafficking

The maximum penalty is 14 years imprisonment.

### Penalties for possession

The maximum penalty is five years imprisonment.

### Young people in possession of cannabis

A young person found to be in possession of cannabis will be arrested and taken to a police station where they can receive a reprimand, final warning or charge depending on the seriousness of the offence.

Following one reprimand, any further offence will lead to a final warning or charge. Any further offence following a warning will normally result in criminal charges. After a final warning, the young offender must be referred to a Youth Offending Team to arrange a rehabilitation programme.

This police enforcement is consistent with the structured framework for early juvenile offending established under the Crime and Disorder Act 1998.

### **Adults in possession of cannabis**

Anyone caught in possession of cannabis could be arrested.

Alternatively, police may:

- issue a warning (primarily for first-time offenders)
- issue a penalty notice for disorder, with an on-the-spot fine of £80

## Appendix C

### **Information for Service Users regarding routine drug testing within Livewell Southwest**

Livewell Southwest is responsible for the health, safety and welfare of both the service users and its staff. It recognises the impact of illicit substances and New Psycho-active substances on our service users and therefore feels it is necessary to take a very proactive approach to monitor this very closely.

Therefore as part of your treatment and care plan during your admission to our in-patient services there may be a requirement for you to participate in routine drug testing. This is undertaken by providing a specimen of urine for analysis which can either be undertaken in our in-patient units using testing kits or sent to the laboratory for testing. This applies to all services users in our care not just those who may be detained.

A request for a specimen will be carried out with consideration to your dignity and in a way that will maximise your privacy. Staff will always make every effort to ensure that in the event that a staff member needs to be in attendance that staff gender is taking into consideration. There are occasions that this is necessary to ensure a specimen is not contaminated.

In individual cases drug screening may form part of your care plan. However, in order to maintain safe environments for care to be delivered a clinician may request a specimen from you. They will always advise you that they are intending to undertake a routine drug screen. We would encourage you to discuss this on a one to one basis with the nurse in charge or your Doctor should you have any concerns. They will be able to provide an explanation of why this request has been made.

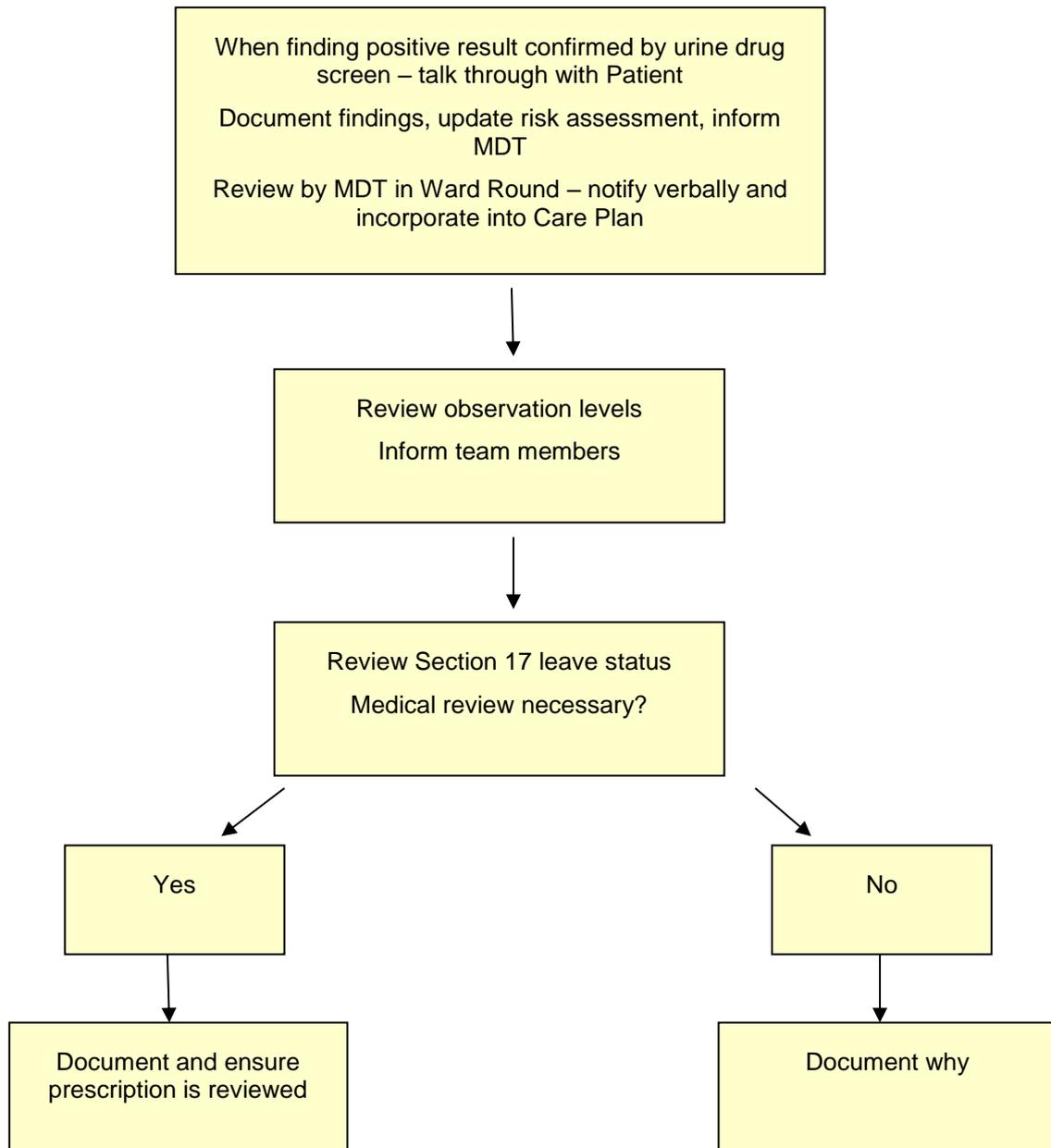
Livewell Southwest has a zero tolerance to illicit drugs, New Psychoactive Substances and alcohol. They are not permitted in our services or grounds of the hospital site. In the event that illicit substances and New Psychoactive Substances are found in our premises following a routine search in line with the organisation's procedures or subsequent to a positive result they will be removed to secure storage.

Service users must be advised that the police are contacted to remove any illicit substances from healthcare premises.

Thank you for your co-operation in advance.

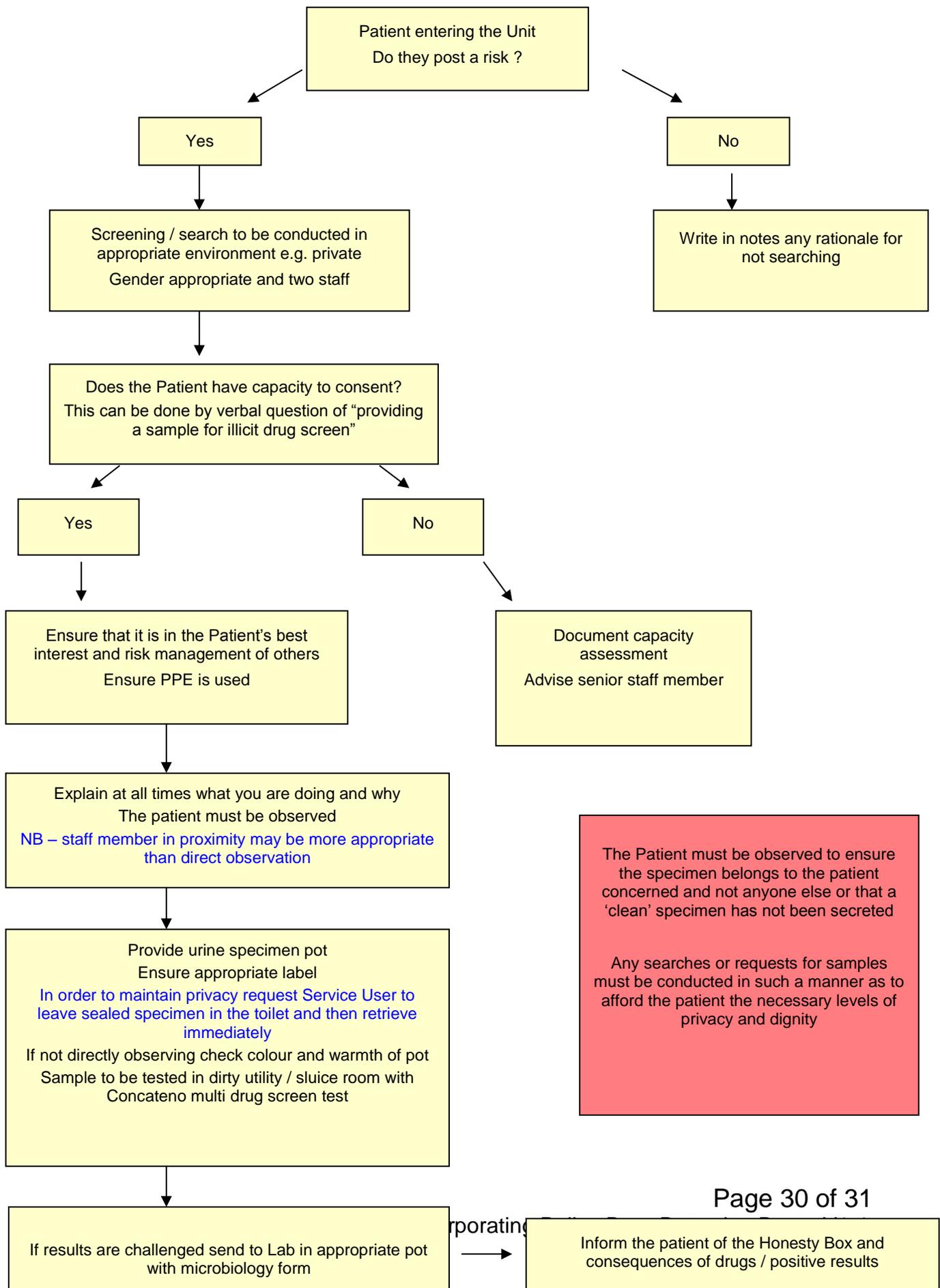
If you have any concerns please speak to the Unit Manager.

**What to do when you find Illicit Drugs**  
**Management of Positive Illicit Substance Screen**



Testing of urine should be using Concateno multi drug screen test  
Warning – current 'legal highs' are not able to be tested via urine drug screen  
Ensure your relevant practice area has information regarding "practice of searches"  
and routine drug testing in your welcome information pack/leaflet  
This is promoting an honest and open culture

Guidance - Drug Searches / Urine Screens





**NOTICE**

All premises owned or operated by Livewell Southwest may be subject to searches conducted by staff or Police including the use of police trained search dogs. This may affect patients, visitors and staff.

Your co-operation is very much appreciated.

If you wish to discuss this please ask to speak to the Manager or the Nurse in Charge.

Thank you